

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 291 / 305

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Anheuser-Busch Companies Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

McHenry for Congress

Mailing Address PO Box 1406

City  
HickoryState  
NCZip Code  
28603Purpose of Disbursement  
ContributionCandidate Name  
Patrick McHenry011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: B272655

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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**B.**

Full Name (Last, First, Middle Initial)

Sue Myrick for Congress

Mailing Address P.O. Box 37091

City  
CharlotteState  
NCZip Code  
28237Purpose of Disbursement  
ContributionCandidate Name  
Sue Myrick011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: B272660

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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**C.**

Full Name (Last, First, Middle Initial)

Friends of Kent Conrad

Mailing Address 426 C Street NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
ContributionCandidate Name  
Kent G Conrad011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District:

Transaction ID: B272623

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

500.00									
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SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....